

## BEST AVAILABLE COPY

MULTIPLE DEPEN  
CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FO PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

334135

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	1						
4	1						
5	1						
6	1						
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48							
49							
50							
TOTAL IND.	1		↓		↓		↓
TOTAL DEP.	30	←		←		←	
TOTAL CLAIMS	31	████████		████████		████████	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
54							
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97							
98							
99							
100							
TOTAL IND.			↓		↓		↓
TOTAL DEP.		←		←		←	
TOTAL CLAIMS	31	████████		████████		████████	